

DATE RECEIVED <i>(stamp here)</i>	Requisition Worksheet	DIVISION/BRANCH APPROVAL <i>(signature)</i>
		ORDER NO. <i>(from Delpro System)</i>

Requester

NAME			DIV./BRANCH	CAN
OBJECT CLASS CODE	CUSTODIAL CODE	BUILDING/ROOM	PHONE NO.	DATE NEEDED

Source

NAME OF COMPANY	PHONE NO.
ADDRESS	COMPANY CLERK'S NAME

Order Information

Item No.	Back-order	CATALOG NUMBER	DESCRIPTION	QTY.	UNIT OF ISSUE	LIST PRICE	DISCOUNTED PRICE	TOTAL PRICE

						Total:
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ARE THE ITEMS ORDERED AVAILABLE FROM THESE SOURCES?

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. NIH Surplus	<input type="checkbox"/>	<input type="checkbox"/>	3. Blind/Severely Handicapped	<input type="checkbox"/>	<input type="checkbox"/>	5. FEDERAL Supply Schedules
<input type="checkbox"/>	<input type="checkbox"/>	2. UNICOR	<input type="checkbox"/>	<input type="checkbox"/>	4. NIH or GSA Stock (catalog or store)	<input type="checkbox"/>	<input type="checkbox"/>	6. OPEN-MARKET Suppliers

COMPANY NAME			PRICE	AVAILABILITY	DATE CALLED
If order exceeds \$2500, 2 more sources of supply must be contacted and listed below.					
1					
2					

JUSTIFICATION *(Required for all orders: large business, ADP, personal appeal items, and sole source.)*

BACKORDER INFORMATION

BPA/IDC/TCO SOURCE NO.	FSS CONTRACT NO.	SHIPPING DATE	CLEARANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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<input type="checkbox"/> Date ordered:	<input type="checkbox"/> Date sent to Central Procurement:	INSTITUTE PURCHASING AGENT
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